


PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0551-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE


RECEIVED  
CENTRAL FAX CENTER  
SEP 26 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/020,155	
	Filing Date	7/14/2003	
	First Named Inventor	Douglas T. Gjerde	
	Art Unit	1743	
	Examiner Name	Ludlow, Jan M.	
Total Number of Pages in This Submission	4	Attorney Docket Number	P002.210

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Cover Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	PhyNexus, Inc.	
Signature		
Printed name	Sue Kalman	
Date	9/26/06	Reg. No. 54,727

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Sue Kalman	Date 9/26/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

SEP 26 2006

I hereby certify that this correspondence is being  
facsimile transmitted to the U.S. Patent and  
Trademark Office (Fax No. (571)273-8300) from  
Phynexus, Inc. (Fax No. (408)267-7346)

On 26 September 2006

at 10:40 a.m.

By Sue Kalman  
Sue Kalman

Attorney Docket No. P002.210

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gjerde *et al.*

Application No.: 10/620,155

Filed: 07-14-2003

For: LOW DEAD VOLUME  
EXTRACTION DEVICE

Examiner: Ludlow, Jan M

Art Unit: 1743

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR § 1.97 and  
§ 1.98Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

The references cited on attached form PTO-1449 are being called to the attention of the Examiner. It is respectfully requested that the cited information be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement, since it is being submitted prior to the first Office Action. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 50-2852.

PhyNexus, Inc.  
Intellectual Property Department  
3670 Charter Park Drive  
San Jose, CA 95136

skalman@phynexus.com  
Telephone: (408) 267-7214 x306  
Facsimile: (408) 267-7346  
Customer No. 55130

Respectfully submitted,



Sue Kalman  
Reg. No. 54,727

SEP 26 2006

PTC/SB/08A (07-05)

Approved for use through 07/31/2008, OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1

of 1

**Complete if Known**

Application Number	10/620,155
--------------------	------------

Filing Date	7/14/2003
-------------	-----------

First Named Inventor	Douglas Gierde
----------------------	----------------

Art Unit	1743
----------	------

Examiner Name	Ludlow, Jan
---------------	-------------

Attorney Docket Number	P002.210
------------------------	----------

[illegible][illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: [Initial] if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinda Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.*